

Sample Consult to order the Milli Vaginal Dilator device for your patient:

- Place the consult/order as you would for any wheelchair, prosthetic or assistive device through your prosthetic department. This should be done electronically. For questions or assistance placing an order, please contact va@hellomilli.com or Aly at 303-434-4534
- The following details are necessary for the prosthetic department to effectively retrieve the required information from their database. These common responses correspond to the frequently asked questions within the electronic consultation process.

Template: PROSTHETICS REQUEST

Total Number of Required Fields without Values: 4

First < Prey Next > Last

* Milli Vaginal Dilator from Materna Medical
(Enter Name of the PROSTHETICS ITEM in text box above)
=====

Specifics of Item prescribed (model number, size, right/left, quantity):
*
Expanding Vaginal Dilator. Quantity 1

DS - Disabilities
Eligibility: SHARING AGREEMENT
PENDING VERIFICATION

Is this item for a Service Connected condition? * Yes
 No
If YES, which service condition?
Fill in if applicable

How does the device directly treat & rehab the patient's condition?
- Include how it will be an active component in the treatment of the patient's medical condition: *
Vaginal Dilation

For Inpatient Only - Estimated Discharge Date:
 N/A

Patient Education and Training:
 Yes
 No

Issuing Instructions:
Date Issued: *
Who Issued: *

Ship to Veteran
 Deliver to Clinic
 Other location:

All None * Indicates a Required Field Preview OK Cancel